

No Further Action: Contextualising social care decisions for children victimised in extra-familial settings

England's child protection system is intended to safeguard young people at risk of significant harm – physical, sexual, emotional abuse and neglect. When young people are physically assaulted, stabbed or groomed into drugs trafficking they experience significant harm. To this extent they are entitled to support from statutory child protection services.

Using findings from one component of a mixed method multi-site study, data from referrals and assessments into children's social care is examined to identify the extent to which the right support and protection is realised. Such analysis indicates that despite being at risk of significant harm, young people abused in community or peer, rather than familial, settings will most likely receive a 'no further action' decision from social workers following referrals for support. This paper suggests that to a certain extent no-further-action decisions are aligned to the legal and cultural parameters of social work and child protection practice, thus raising questions about the sufficiency of such for safeguarding young people abused in extra-familial settings.

Keywords: Serious Youth Violence; Criminal exploitation; Youth violence; Social work; Assessments

Introduction

Referral after Tom was arrested in Brighton for possession with intent to supply of class A drugs (large quantity of heroin and crack cocaine)[...] Tom's involvement with supply of illicit substances is currently considered to be the result of poor decision making, with no information to suggest he is currently affiliated to gangs. Whilst it is considered to have a huge implication for him given the risk of him being provided with a custodial sentence, such implications are not considered to present any safeguarding risks for Tom. (Case closure, 15, male – all names and locations have been changed)

Internationally policymakers, practitioners and parents are faced with the question of how to prevent and respond to the harm young people experience outside of their families. In the UK, there is growing concern for the risks young people face from serious youth violence, gang-related violence and criminal exploitation (YVE). In 2019, the UK National Health

service reported a 60% increase over five years in young people aged 10 to 19 treated for knife wounds (Campbell 2019). In figures published by the National Crime Agency, drugs trafficking into England's counties, sometimes named 'county lines', more than doubled from 2018-2019 (ITV 2019). And research by the Children's Commissioner identified 34,000 children in England, who either identify as in a gang or on the periphery of a gang, who were the victims of violent crime in a one year period - with only a fraction known to children's services (Children's Commissioner 2019). While such harm manifests in different ways: from young people being stabbed by their peers on school journeys (Vulliamy et al. 2018), or like Tom, groomed and exploited to traffic drugs (Hudeck 2018), it is predominately extra-familial. Young people affected by these issues experience significant levels of harm, including sexual exploitation, serious injuries and in a minority of cases, fatal violence. As such, this is a form of harm that constitutes child abuse, warranting a response from statutory child protection services. Yet, in England and many countries worldwide, where child protection systems have been developed with a focus on harm within families, we are now faced with the question of whose role it is to protect children from harm in extra-familial contexts?

In England, one response has been to incorporate the requirement for child protection systems to respond to harm outside the home. In 2018 the statutory guidance for agencies working to safeguard children in the England *Working Together* was revised (Department for Education 2018) stating that extra-familial risks were child protection issues. Most explicitly through the inclusion of a new section on Contextual Safeguarding, defined as 'an approach to understanding, and responding to, young people's experiences of significant harm beyond their families' (Firmin, 2017, p. 3):

As well as threats to the welfare of children from within their families, children may be vulnerable to abuse or exploitation from outside their families. These extra-familial

threats might arise at school and other educational establishments, from within peer groups, or more widely from within the wider community and/or online. [...]

Assessments of children in such cases should consider whether wider environmental factors are present in a child's life and are a threat to their safety and/or welfare. Children who may be alleged perpetrators should also be assessed to understand the impact of contextual issues on their safety and welfare. Interventions should focus on addressing these wider environmental factors. (Department for Education 2018, p23).

While this development is welcomed, in practice, this raises questions as to the capacity of social work systems, and the legislative framework that governs them, to successfully address extra-familial risks. Referrals into children's social care are increasing yearly within England (Department for Education 2017) and in 2018, a survey of teachers found that the majority of referrals they made into social care regarding cases of exploitation were not progressed (ITV, 2018).

In this article we present findings from one component of a mixed method multi-site study to understand and advance child protection responses to YVE. The component focused on here regards the decision-making processes of social workers regarding the level of support or further investigation needed for young people experiencing extra-familial risk - whether these cases are progressed towards a statutory child protection investigation and plan or receive a 'no further action' (NFA) decision in the form of step-down from statutory services. Understanding this is critical to advancing local responses and tracking impact.

Child protection systems and thresholds

The systems that governments use to organise their response to child abuse varies globally, and in many countries have developed for over a century (Wilkins, Shemmings and Pascoe, 2019). Child protection systems in the UK are principally built to protect children from abuse. In England's legislative framework (Children Act 1989 and 2004) this is referred to as 'harm' defined as:

Harm 'means ill-treatment or the impairment of health or development including, for example, impairment suffered from seeing or hearing the ill-treatment of another (e.g. domestic abuse);

'Development' means physical, intellectual, emotional, social or behavioural development;

'Health' means physical or mental health; and

'Ill-treatment' includes sexual abuse and forms of ill-treatment which are not physical'.
(Section 31(9) p111 of the Children Act 1989 as amended by the Adoption and Children Act 2002)

The severity of harm informs the response that a child can expect. Children experiencing 'harm' are defined as 'children in need' and their families may be offered support that they can engage with voluntarily. Those at risk of, or experiencing 'significant harm' can expect statutory intervention, where social workers may conduct enquiries under Section 47 of the Children Act to ascertain whether the child in question is to be made subject of a child protection plan, and should this not reduce risk may be taken into the care of the state.

Significance of harm is defined as follows:

Where the question of whether harm suffered by a child is significant turns on the child's health and development, his health or development shall be compared with that which could reasonably be expected of a similar child (Section 31(10) p111 of the Act)

Since the 1990s the UK Government has also made varying attempts to offer 'early help' or 'targeted support' to young people and families prior to such 'harm' occurring; with the intention of preventing later social work involvement should risks escalate.

Child protection responses to extra-familial risks

Despite recent additions to statutory guidance *Working Together* suggesting social workers

have a role to safeguard children in extra-familial contexts, there are limited policy or practice frameworks that support this shift. Children's services in England have seen their budgets reduced by 50% since 2010 resulting in cuts to preventative services such as youth provision and school-based programmes (ADCS, 2018). Simultaneously there has been a rise in first-time referrals for adolescents into social care presenting more complex needs (*Ibid*). It is within this context that despite experiences of YVE presenting risk of significant harm to young people, child protection responses to these issues (as well as other forms of extra-familial risk) have been subject to mounting critique (Firmin, 2011; 2017; Hill, 2018; ITV, 2018; Home Affairs Select Committee, 2019). In January 2019 concerns were raised at a Home Affairs Select Committee hearing into serious violence (Home Affairs Committee, 2019). Professionals commented that children's social care services were not equipped or able to sufficiently protect young people from YVE. Two intersecting factors appear to impede the ability of children's services to effectively safeguard this cohort of young people.

Firstly, while young people affected by YVE are at risk of significant harm this is rarely instigated by, or solely the consequence of, actions taken by their parents (Firmin, 2017b; Hill, 2018). England's child protection system, like many others globally, was primarily created to protect children from abuse within families. States are only permitted to take a child into care if the abuse in question is the result of actions taken by the parents. Specifically, legislation states that: A court may make a care order (committing the child to the care of the local authority) or supervision order (putting the child under the supervision of a social worker or a probation officer) in respect of a child if it is satisfied that:

The child is suffering, or is likely to suffer, Significant Harm; and

The harm, or likelihood of harm, is attributable to a lack of adequate parental care or control (Section 31, p109-110 Children Act 1989).

In theory, while cases of YVE might reach a threshold for statutory intervention in terms of the significance of harm, they won't necessarily do so on the grounds of parental involvement or responsibility.

Secondly, young people who experience YVE will often be involved in, or instigate, the harm of young people as well as being harmed themselves – whereas child protection is primarily intended to respond to young people solely as 'victims'. Artificial divides between 'victims' and 'perpetrators' have been embedded within the design and commissioning of services, and professional perceptions of how a child in need of their support should present (CJJI, 2013; Firmin, 2011; Khan, et al., 2013)

The extent that these two potential limitations within child protection systems are borne out in social workers' decisions is significantly under-examined. Studies into social care assessment and decision-making have primarily focused on the trajectory of cases through the system from the point of referral – in relation to percentages that ultimately result in child protection plans (Bilson and Martin, 2017). Social work engagement with thresholds of harm analysed through a contextual lens, the role played by the young person in encountering those risks and parental ability to control extra-familial risks, requires far more investigation. This paper contributes to that evidence base, and so offers an insight into debates about thresholds for social care support for some of the most vulnerable young people in our society.

Methodology

This study aimed to understand the decision-making process taken by social care professionals for cases of children experiencing YVE. The findings are drawn from data held by one children's social care department in England between April and October 2017. The research team were provided with data that included all cases referred to children's social

care that, following initial screening, were assessed using a Child and Family Assessment to identify if they met a threshold for further social care involvement. This original data set provided a summary of the decisions taken for each case.

Inclusion and screening

In total 841 cases received an assessment spanning 66 different ‘contact and referral’ categories (the category defining the primary concern at referral). For this study, we wanted to identify decisions for children affected by YVE. Therefore, an inclusion criteria was defined to allow for further qualitative analysis. This included:

- All children up to 18 years
- Where the harm was related to extra-familial contexts
- The primary concern is serious youth violence, criminal exploitation or gang-related violence

Cases were screened over two stages (Table one):

Stage one - all 66 contact and referral categories were screened to identify key terms related to the inclusion criteria. Some were clearly linked to the criteria, for example ‘gang-related behaviour’. While others, for example ‘missing persons report’, were included based upon research evidence that correlated missing episodes with experience of serious youth violence, criminal exploitation and gang-related violence (i.e. Hudeck, 2018). This identified 108 cases across 22 categories (table one)

Stage two – all 108 cases were reviewed against the inclusion criteria. This process involved opening each child’s individual social care record. The ‘Closure Record’ or ‘Child and Family Assessment’ were screened to determine if each case met the criteria.

Table one: contact and referral records at stage one and two inclusion

Inclusion after stage one		Inclusion after stage two	
Child Behaviour	29	Child Behaviour	6
Missing Person report for a young person who is missing from home	19	Missing Person report for a young person who is missing from home	3
Young Person Arrested for Other Crime	14	Young Person Arrested for Other Crime	13
Victim of crime (violent)	10	Victim of crime (violent)	8
Gang Related Behaviour	5	Gang Related Behaviour	5
Young Person Arrested for Violent Crime	5	Young Person Arrested for Violent Crime	2
Harassment – victim	4	Abduction	1
Grooming	1	Victim of crime (non-violent)	1
Abduction	3	Witness to crime (violent)	1
Youth (16/17 year old) Homelessness	3	Knives/Offensive Weapon	1
Child Missing Education	2	Antisocial behaviour – perpetrator	1
Missing Person Report - lost or strayed	2	Substance Misuse (child or young person)	1
Antisocial behaviour – victim	2		
Observed other crime	1		
Victim of crime (non-violent)	1		
Witness to crime (violent)	1		
Harassment – perpetrator	1		
Protagonist violent crime	1		
Knives/Offensive Weapon	1		
Antisocial behaviour – perpetrator	1		
Truancy	1		
Protagonist other crime	1		
Total	108		43

Case review and analysis

For the remaining 43 cases details of each case were redacted and recorded onto a template including:

- Contact date
- Contact and referral category
- Child's date of birth
- Gender
- Ethnicity
- Age at the time of contact
- Decision

- Service referred to
- Summary of reason for referral and assessment
- Summary of reasons for closure or progression

For each case a summary of the reason for referral and decision were recorded in the template. Predominantly this information was held in two places:

- In closed cases details were found within the ‘closure record’.
- For progressed cases, details were taken from the ‘Child and Family Assessment’ ‘Assessment of the situation’ section.

Analysis

Both qualitative and quantitative analysis was undertaken. The quantitative data was analysed to identify the percentage of cases that received an NFA decision or were progressed, across all referral categories. For qualitative analysis the case review template was coded for two primary codes, evidence that:

- The child is suffering, or is likely to suffer, Significant Harm;
- The harm, or likelihood of harm, is attributable to a lack of adequate parental care or control

Ethics and limitations

This study forms part of a wider, and ongoing, multi-site, mixed method research programme to develop safeguarding responses to extra-familial risk around England and Wales that received ethical approval from XXX. A range of ethical considerations informed the study. Personal data is not used in this programme, as it is the practice of professionals, rather than the behaviour of young people and families, that is the focus of the work. Mechanisms were in place, through our embedded position, to escalate any safeguarding concerns identified to relevant personnel.

In addition to ethical considerations, there are a number of limitations associated with

this research. Firstly, cases were included on the basis of ‘contact and referral’ category. This assumes that cases are correctly labelled at the point of referral. As such there may be a number of referrals that, upon assessment, may have concerns predominately associated to extra-familial risk that were not reflected in the label and thus not included in the sample. Secondly, the ‘Contact and Referral’ category is used to define the primary concern. There may be cases where the primary concern was initially associated with the family, which through assessment emerge as more associated to harm outside the home. Thirdly, cases have been identified based upon the social worker’s assessment of the situation, and as such do not account for young people’s own experiences.

Findings

Drawn together, qualitative and quantitative findings reveal that despite experiencing significant harm most of the young people and families in the dataset were not progressed for further social care support. Rather decisions applied a legislative and practice framework that viewed risk, and protection, through the lens of family – and in this regard a nuanced account of whether parental control, support and/or concern, (or a lack thereof) was attributable to the extra-familial risks young people faced.

Decision-making – progressions vs. no-further-action (NFA)

Before screening for cases specifically related to serious youth violence, initial analysis was undertaken on outcome decisions for all cases received for assessment across 66 ‘type of harm’ (in intra and extra-familial). Table two illustrates progression and NFA decisions for a sample of this wider dataset (for all risk themes where referrals totalled five or more).

Table two: NFA and progression (Risk types analysed for this paper highlighted in grey)

	Number of contacts referred for assessment by assessment outcome			Assessment outcomes as a % of contacts by referral category	
	Total	NF A	Progressed	NFA	Progressed
Total contacts sent for assessment	841	673	168	80%	20%
Domestic violence	173	142	31	82%	18%
Physical Abuse/Harm	129	108	21	84%	16%
Neglect	53	37	16	70%	30%
Sexual Abuse	39	33	6	85%	15%
Child Behaviour	29	23	6	79%	21%
Vulnerable person	24	15	9	63%	38%
Housing	24	22	2	92%	8%
Missing Person report for a young person who is missing from home	19	13	6	68%	32%
Child Mental Health	15	12	3	80%	20%
Young Person Arrested for Other Crime	14	13	1	93%	7%
Sexual Exploitation	13	10	3	77%	23%
Victim of crime (violent)	10	10	0	100%	0%
Unaccompanied Asylum Seeking Child	10	2	8	20%	80%
Self-Harm	10	9	1	90%	10%
Sexually inappropriate behaviour – perpetrator	9	9	0	100%	0%
Gang Related Behaviour	5	5	0	100%	0%
Sexually inappropriate behaviour – victim	5	5	0	100%	0%
Young Person Arrested for Violent Crime	5	5	0	100%	0%

As this table demonstrates the majority of referrals into children's social care during this time period were not progressed. However, the categories related to serious youth or gang-related and other forms of extra-familial risks are the only ones where no referrals were progressed. It is in this wider context that the following section of this paper explores the rationale provided.

Type and severity of harm

When grouped based on the primary concerns for referral (some young people were exposed to multiple forms of harm) the 43 cases that appeared linked to YVE were found in 11 primary concern themes (Table three):

Table three: primary concern

Primary concern	Cases	Percentage
Knife possession	13	30%
Victim violent assault – knife	8	19%
Drugs – selling	5	12%
Gang association	5	12%
Victim violent assault – beaten	4	9%
Threatened with weapon	2	5%
Perpetrator of violence – knife	2	5%
Abduction	1	2%
Intimate partner violence	1	2%
Witness of violent assault	1	2%

Case record evidence suggested that in 40 of these cases young people had reached a threshold of experiencing/facing significant harm, with young people experiencing potentially life threatening injuries, threatened in their schools and neighbourhoods and targeted and exploited by adults and peers. In the remaining three cases evidence suggested a child was in need of support but did not evidence significant harm. The majority of the 40 significant harm referrals involved young people as the victims or instigators of physical violence; particularly knife possession and stabbings, with a smaller number experiencing other forms of violence that resulted in physical injuries. For example:

Referral from [Other LA] out of hours reporting that A was admitted to [hospital] in the early hours of Saturday with stab wounds. A has reported this has happened on the [place name] following him being at a party and on his way home (Case closure, 15, male)

Police attended a call in relation to subject and his brother. The call stated that a 13 year old boy had been stabbed by his neighbour. [...]It was also alleged that subjects father has also hit the victim whilst they were having an altercation (Case progressed, 13, male)

On Sunday police were called to B's home address as his father stated that there were people trying to kill his son with machetes. Local neighbours had also witnessed this and called police. (Case closure, 16, male)

Secondary to physical harm were a number of cases featuring young people who were associated to gangs or being exploited to sell drugs. While these cases featured multiple interconnected risks, the catalyst for most referrals was physical violence:

Patient attended A&E post overnight admission at [hospital] following head injury during assault. Patient attended with sister. Lives at home with sister, brother and mum. Patient having ongoing problems with violence. Sister reports he has been selling drugs and as a result has been threatened multiple times by other teenagers in the area and assaulted. (Case closure, 15, male)

The referral from police reports D was being groomed by other students who are members of [name] gang to sell drugs. When he refused to take some cannabis he was then punched in the face by [name]. [...] D remains fearful that speaking to police will result in further reprisals and he and his mother are concerned about his safety at school (as he reports many [gang] members attend) so are exploring a managed move. (Case closure, 12, male)

The fact that the majority of young people in the dataset were at risk of significant harm, but did not progress, indicates that abuse alone is not grounds for statutory support in these cases. Given this, and the dual focus of child protection systems on both abuse and parenting, it was imperative that responses to the role of parents and carers within the dataset were also explored. Was it parenting, rather than levels of harm, which informed decisions to progress some cases and not others?

Parental capacity

To explore the consideration given to parental capacity/responsibility/involvement when

making progression decisions, cases were firstly coded to explore whether a) parental control/care was evidenced as contributing to the harm in question and b) whether the harm was associated to the family/home environment, peer group, school or neighbourhood context.

In four cases in the sample the harm in question occurred in, or was associated to, the home/family. On three occasions, however, this involved people external to the family creating harm within the family home setting. In the remaining one case, a father was present and involved in the stabbing of another child. It was only in this case that the harm which occurred appeared directly associated to actions taken by parents. In the remaining 42 cases, there was no evidence that harm was *attributable* to parental care or control. In 28 cases harm occurred within a neighbourhood context, eight with peers and three in schools. To this extent, therefore, case notes suggested that risk was not directly attributable to parent behaviour or the nature of home environments in 42 out of the 43 cases. So why did eight progress – how did actions taken by parents differ in these cases to the 35 that did not progress?

In the eight progressed cases assessors' referenced concerns about the ability of parents to control the behaviour of young people as justification for further action – even if attributability was not demonstrated. Parental inability to control children was related to a range of factors including experiences of domestic abuse, poor relationships with statutory services and an inability to set boundaries. Across these reasons, assessors in eight cases concluded that while parents were not directly involved in the harm being caused to the child, their inability to control the behaviour of their child, was related to their exposure to/risk of extra-familial harm:

During the process of assessment a contact with [other LA] social services was established and the information sharing revealed more the extent of abuse the children had witnessed as young children. [...]. [Mother] reports that she struggles to manage H's behaviour and that H continues to defy his mother's advice. (Instigator of stabbing, progress, 13, male)

Although the children's basic and practical needs are being met to a high standard, the concerns regarding A's behaviour and mums ability to manage this remain prevalent. I would recommended that the family engages with the family support services for a period of 3-6 months initially to assess mum's engagement. If there is a lack of engagement after this period then a review of the situation should be held and consideration should be given for an Initial Child Protection Conference to be convened. (Knife and drug possession, progressed, 14, male)

It is apparent that both mother and grandmother minimise the concerns that have been raised and where these are not fully recognised the family will therefore not be able to respond to these accordingly. [Mother's] feelings towards children's services, which are likely to be due to her past experiences, presents as being a huge barrier to her being able to understand the concerns held in relation to K. It is also clear that there are not adequate guidance and boundaries being given to K on a consistent basis and the family are in clear need of support from statutory services, as they so far have been unable to manage this independently. (Gang association and stabbing, progressed, 14, male)

These conclusions are interesting given that case notes do not demonstrate, as the legislation states, that the harm in question was *attributable* to the challenges within families. Instead this leap to establish causation is made based largely on an assumption that extra-familial risk will reduce if intra-familial challenges are addressed.

Limitations in parental capacity were also referenced as justification for not progressing cases. Notably, decisions were made not to progress cases where parents (who were also struggling to control their children) were engaged with services, and supportive of, or concerned about, their child.

Both parents have shown appropriate concern in relation to L's stabbing; offending and escalating behaviour. By her own admission [mother] is struggling to manage L's behaviour and to safeguard him from the risks posed by local gang members. [...] It appears with L's stabbing and his involvement in criminal activity makes him at continued risk of his own health and safety. It is evident that whilst [mother] must take responsibility for her son in areas where she can (i.e. calling the police), she also requires support in implementing appropriate boundaries to deter L alleged gang involvement and to minimise risk as much as is possible to reduce instability within the family, [...] Both parents, L and his older siblings were asked if they required further support and intervention from children's services and it was agreed that he should be referred to [youth service] who will be helpful in building the parent's confidence and strategies in managing and understanding L's risky behaviour. [...] However, it was made clear to L and his parents that future concerns of similar concerns will constitute neglect and will lead to longer term Social Care involvement whereby he will be subject to a Child in Need Plan. (Stab victim, case closure, 15, male)

[Mother's] response to the assault on M demonstrates her ability to safeguard her son as much as possible to mitigate the risk to him in the community. In addition she is willing to engage with appropriate services. (Victim of stabbing, case closure, 15, male)

These excerpts are in sharp contrast to assessments that indicated an inability to control one's child was a reason to progress. They also illustrate an awareness amongst assessors that an inability to control how a young person behaves does not necessarily indicate that parental behaviour is 'attributable' to extra-familial risk. Instead, assessors note the lengths that families are going to in order to safeguard young people, that they are doing 'as much as possible', and that they are only able to 'mitigate' rather than combat the risks in question. It appears that when parents were able to demonstrate emotional or practical support for their child this lessened the extent to which a lack of parental control could be used as a justification for further intervention.

These nuanced interpretations of assessment decisions are further complicated by cases in the dataset that didn't proceed on the grounds that parents were not engaging, rather

than engaging, with support offered:

A number of concerns have been raised regarding Q's behaviour and choices which place him at risk. It is unfortunate that at this time [mother] and Q are not willing to engage with services. However, it is protective that [mother] does contact police when she is worried and is looking into a housing move. At this time there is no further role for [Children's social Care] but if concerns escalate consideration in light of family history consideration will need to be given to statutory intervention. (Stab victim, case closure, 15, male)

Periods of non engagement from [mother] lead to the case being closed after final visit with P in school. (Concerns of criminal exploitation, case closure, 15, male)

Such conclusions suggested that if parents were willing to engage with services further support could be provided, but in the absence of engagement not much more could be offered to de-escalate risks. And yet for others the fact that parents were engaged was a reason to close cases to further support.

Discussion

It may come as a surprise that young people who have experienced severe, and potentially fatal, violence, or those who are at risk of ongoing reprisals and serious criminality would not be provided with statutory support from children's services. We may ask 'how bad does it need to be before someone intervenes?' However, much of the responses offered in the dataset are aligned to the legislative framework for social work practice. While the harm in these cases is significant, it is not harm that is attributable to parenting. Not only does the legislation note this secondary factor as being required for escalating social care concerns, but a range of guidelines and resources such as the child and family assessment triangle (which guides social work assessment) direct practitioners to consider the relationship between the actions taken by parents and the risks faced by young people.

The findings of this paper therefore raise a number of questions. Firstly, whose role is it to intervene to safeguard young people affected by serious youth violence, gang violence and/or criminal exploitation? The majority of cases presented here reached a threshold of significant harm and clearly evidenced forms of child abuse – suggesting a role for social workers in coordinating support. However assessment decisions, and the rationale provided for these, suggest that social workers in the dataset did not recognise a role they could play in reducing the risk of extra-familial harm – unless that harm was attributable to parents. In such cases their role was to increase parental capacity which they assumed may in turn reduce harm – not address the harm directly.

Secondly, if progression requires social workers to determine *attribution* to parental care or control then how is this understood in cases of extra-familial harm? These findings suggest that attribution is applied in practice through the intersection of three factors: parental engagement, concern and control. Can parents control their children, are they concerned about these risks, and are they engaged with services? Yet while usually always considered, the use and interpretation of these factors were inconsistently applied across cases. In some instances, cases received an NFA decision *because* parents were engaging in services and showing appropriate concern. In others, cases were progressed due a *lack* of parental engagement.

Most significantly, assessment considered the extent to which harm was attributable to parental control. Applying the definition of attribution, this requires social workers to determine if the harm is ‘regarded as being caused by’ (Oxford Dictionary 2019) adequate parental care. In short: the child is being exploited because the parent has lost control. Case note evidence suggests that in cases of progression this conclusion was reached by the assessor – and they believed therefore that working with parents would likely decrease risks. However, evidence in the case notes rarely justified this conclusion. Rather notes suggested

one of two things: the parent has lost control of their child *and* the child is also being exploited or the child is being exploited and because of this the parents have lost control. In the latter example it would be that a loss of parental control was attributable to the (extra-familial) harm and not the other way around.

Two challenges stem from this. Firstly, the dataset suggests that young people can be at risk of significant harm and not progressed for further social care support. Statutory guidance suggests that they should. However, there is a point at which in cases of extra-familial harm interventions cannot be escalated any further as courts will require evidence that the harm is attributable to parenting and for the most part that association won't hold. Secondly, if cases are progressed despite the ceiling of escalation, guidance directs social workers, for the most part, towards assessment and intervention with families to address abuse – and not to the extra-familial factors that might be a) causing the harm and/or b) undermining the ability of the parents to control and care for their child.

As a result, cases that appeared to include a similar level of harm – children who had been stabbed, were groomed to traffic drugs or felt compelled to carry weapons – received varying outcomes. The majority were not progressed while a small number were. If it is assumed that social workers' role is to work with families, then in one sense, the decision not to progress cases in the dataset was more aligned to the legal framework and evidence base – the harm was not attributable to parents and there is little evidence to suggest that familial interventions will reduce extra-familial risk (Firmin, 2017b).

This brings us then to the final question: is it social workers' role to prevent and intervene in cases of abuse of children? Or is it social workers' role to work with families? If the former this suggests that the legal framework or its interpretation requires expansion so that social workers can progress cases where significant harm is not attributable to parents. If the latter is true it suggests a significant service gap for responding to cases of extra-familial

harm such as serious youth violence and criminal exploitation, bringing under scrutiny not the decision of social workers but the reach of social work systems and their ability to address all forms of abuse faced by young people.

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